

WHICH APPLICATION DO I NEED TO COMPLETE Health Care

There are three applications. Review the questions below.

- I am 65 years of age or older.
- I am only requesting help with Medicare costs.
- I am applying for a child in foster care.
- I am over 21 years of age with no dependents and have Medicare coverage.
- I receive SSI income.
- I am applying for Medical Assistance for Employed Person with Disabilities (MA-EPD).
- I am a person (or am applying for a person) who lives in or may need to move to a nursing home.
- I am a person with a disability or age 65 or older who would like services to help me stay in my home.

If you answer **NO** to all the questions,
complete a **MNSURE** application.

www.mnsure.org


If you answer **YES** to any of the questions,
complete a **Certain Populations** application.

[https://edocs.dhs.state.mn.us/lfserver/
Public/DHS-3876-ENG](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3876-ENG)

Complete a **Long Term Care** application if you answer yes to the following questions...

- I am a person (or am applying for a person) who lives in or may need to move to a nursing home.
- I am a person with a disability or age 65 or older who would like services to help me stay in my home.

<http://edocs.dhs.state.mn.us/lfserver/Public/DHS-3531-ENG>



Application for Health Coverage and Help Paying Costs

Where you choose health coverage

- Apply faster online**
 - The online application is fast and easy! You may be able to get real-time decisions using the online application at www.mnsure.org
 - You can also get help online if you have questions during the application process.
- Use this application to see what coverage choices you qualify for**
 - Affordable private health insurance plans that offer comprehensive coverage to help you stay well
 - A tax credit that can immediately help pay your premiums for health coverage
 - Free or low-cost insurance from Medical Assistance (MA) or MinnesotaCare, Minnesota's Health Care Programs
 - You may qualify for a free or low-cost program even if you earn as much as \$103,000 a year (for a family of four).
- Who can use this application?**
 - Use this application to apply for anyone in your family.
 - Apply even if you or your child already has health coverage. You could be eligible for lower-cost or free coverage.
 - Families that include immigrants can apply. You can apply for your child even if you are not eligible for coverage.
 - If someone is helping you fill out this application, you may need to complete Appendix C.
 - For American Indians or Alaska Natives, complete Appendix B when filling out this application.



DEPARTMENT OF
HUMAN SERVICES

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Application for Certain Populations

What is this application for?

Use this application if everyone in the household who wants to apply for health care coverage meets at least one of these criteria:

- Is 65 years old or older
- Is blind or has a disability
- Is only requesting help with Medicare costs
- Is 21 years old or older, has no dependents, and has Medicare coverage
- Receives Supplemental Security Income (SSI)
- Is applying for Medical Assistance for Employed Persons with Disabilities (MA-EPD)

Use other applications for these purposes:

- If you are a person who lives in or may need to move to a nursing home, use the Minnesota Health Care Programs Application for Medical Assistance for Long-Term-Care Services (MA-LTC) (DHS-3531).
- If you have a disability or are 65 years old or older and would like services to help you stay in your home, use the Minnesota Health Care Programs Application for Medical Assistance for Long-Term-Care Services (MA-LTC) (DHS-3531). Also ask your county or tribal agency about a long-term-care consultation.



DEPARTMENT OF
HUMAN SERVICES

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Application for Medical Assistance for Long-Term-Care Services (MA-LTC)

What is this application for?

Use this application to apply for health care coverage for:

- Long-term care (LTC), such as care in a nursing home or intermediate care facility or nursing-facility level of care in an inpatient hospital
- Services to help you stay in your home or other settings in the community through these home and community-based services (HCBS) waiver programs:
 - Brain Injury (BI)
 - Community Access for Disability Inclusion (CADI)
 - Community Alternative Care (CAC)
 - Developmental Disabilities (DD)
 - Elderly Waiver (EW)

FAX: 218.824.1141 or Email: cwcss@crowwing.us

Completed applications can be turned into the drop box located outside Community Services, emailed, faxed or by applying online.

Thank you!

FOOD SUPPORT APPLICATION

Cash, General, Emergency Assistance & Child Care

www.applymn.dhs.mn.gov



Combined Application Form

Apply online at www.applymn.dhs.mn.gov

DHS-5223-ENG 11-16

This application can be used to apply for any of the following programs:

Supplemental Nutrition Assistance Program (SNAP)

SNAP helps low income Minnesotans get the food they need for good nutrition and well-balanced meals. If you are age 60 and older and are applying for SNAP only, please use the "Supplemental Nutrition Assistance Program (SNAP) Application for Seniors" (DHS-5223F).

Cash assistance programs

Cash assistance programs are provided to help families and individuals meet their basic needs until they can support themselves. Cash assistance programs include:

- Diversionary Work Program (DWP)
- Emergency Assistance (EA)*
- General Assistance (GA)
- Group Residential Housing (GRH)
- Minnesota Family Investment Program (MFIP)
- Minnesota Supplemental Aid (MSA)
- Refugee Cash Assistance (RCA).

If you need help paying for child care, ask your worker how to apply for the Child Care Assistance Program.

Need to apply for Health Care coverage?

Apply for free or low-cost coverage at MNsure, Minnesota's online health insurance marketplace. Go to www.mnsure.org or call 855-366-7873.

How to fill out this application

Read all of the information in this application. Tell someone if you need help filling out this application. Complete and turn in pages 1-9 as soon as possible to your agency. We can set your application date if we have your name, address and signature (page 1), but we must have the complete application to decide if you can get help.

For your application to be complete, you must answer all questions and have certain information verified. SNAP and cash programs require an interview with a worker. For SNAP, this can be a phone interview.

If you miss your interview appointment, you must reschedule. If you do not reschedule, we may stop or not approve your benefits.

You may need to provide proof of the information you report on this application. Your worker may ask for additional proofs. You may not get help until we get proof of this information. Bring the required information with you to the interview or send the information to your worker as soon as you can.

Recertifications

Report all changes in the past 12 months on this application. You may need to provide proof of the reported information.

Required Information	Cash Programs	SNAP
Identity of applicant or authorized representative (driver's license, state ID, passport, etc.)	✓	✓
Social Security numbers of all people applying for help	✓	✓
Residency in Minnesota (state ID, lease agreement, etc.)	✓	✓
Income** (paystubs, pension, etc.) or any other money coming into your household (unemployment, sponsor income, etc.). The agency will verify Social Security income.	✓	✓
Housing costs*** (rent/house payment receipt, mortgage, lease, etc.)	✓	✓
Medical costs*** (prescription and medical bills, etc.)		✓
Relationship to other household members (birth certificates, marriage licenses, court documents, etc.)	✓	
Checking and savings accounts (bank statement, etc.)	✓	
Value of vehicles (cars, trucks, motorcycles, trailers, campers)	✓	
Current value of stocks/bonds, certificates of deposit, trusts (statement, etc.)	✓	
Utility costs (utility statement, phone bill, etc.)	✓	
Proof of illness or disability (doctor's statement, etc.)	✓	

* Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

** Proof of income from the last 30 days or federal income tax records if you are self-employed.

*** Your SNAP benefits may increase if you also provide proof of these expenses: child support paid for children not living with you; housing costs; medical expenses (including prescriptions) for people with disabilities or who are age 60 or older. Your DWP benefits may increase if you provide proof of your housing and utility costs.

*Eligibility begins the date you complete and **turn in first page** of the Combined Application Form*

FAX: 218.824.1141 or Email: cwcss@crowwing.us

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Thank you!